

AO 240 (DELAWARE REV 7/00)

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

Plaintiff

V.

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

Defendant(s)

CASE NUMBER:

- 06 - 757 -

I, Moore, Kevin T.

declare that I am the (check appropriate box)
 Petitioner/Plaintiff/Movant Other in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

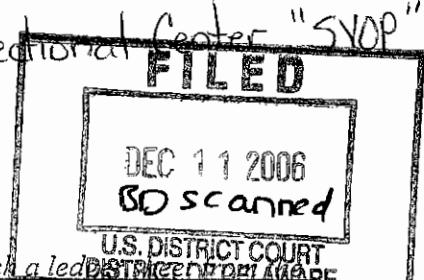
I. Are you currently incarcerated? Yes No (If "No" go to Question 2)

If "YES" state the place of your incarceration Sussex County Correctional Center "SOP"

Are you employed at the institution? Yes No

Do you receive any payment from the institution? Yes No

Have the institution fill out the certificate portion of this affidavit and attach a ledger sheet showing all transactions. Ledger sheets are not required for cases filed pursuant to 28 USC §2254.



2. Are you currently employed? Yes No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. 11/20/06 Valero at Delaware City - \$1500.00 wk. Local Union 199

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts? Yes No
If "Yes" state the total amount \$ _____
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? Yes No
If "Yes" describe the property and state its value.
6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.
V M - Daughter = 206.00 month

I declare under penalty of perjury that the above information is true and correct.

Date: 12/7/06 Signature of Applicant Kevin Moore

**SEE ATTACHED
SIX MONTH STATEMENT**

INMATE ACCOUNT STATEMENT

KEVIN MOORE
NAME21-Nov-06
SCCC ADMIT DATE202242
SBI#

DATE RELEASED

DATE	DEPOSITS	Type of Deposit	DISBURSE MENT	Type of Disburs.	BALANCE
	\$0.00		\$0.00		\$0.00
12/5/2006	\$10.00	Mail/MO	\$0.00	\$0.00	\$10.00
	\$0.00		\$0.00	\$10.00	\$10.00
	\$0.00		\$0.00	\$10.00	\$10.00
	\$0.00		\$0.00	\$10.00	\$10.00
	\$0.00		\$0.00	\$10.00	\$10.00
	\$0.00		\$0.00	\$10.00	\$10.00
	\$0.00		\$0.00	\$10.00	\$10.00
	\$0.00		\$0.00	\$10.00	\$10.00
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	\$0.00		\$0.00	\$10.00	\$10.00
	\$0.00		\$0.00	\$10.00	\$10.00
	\$0.00		\$0.00	\$10.00	\$10.00
	\$0.00		\$0.00	\$10.00	\$10.00
	\$0.00		\$0.00	\$10.00	\$10.00
	\$0.00		\$0.00	\$10.00	\$10.00
	\$0.00		\$0.00	\$10.00	\$10.00
	\$0.00		\$0.00	\$10.00	\$10.00
TOTAL	\$10.00		\$0.00		\$10.00

\$0.00

OPENING BALANCE

\$10.00

ACCOUNT BALANCE

TYPE OF DISBURSEMENTS

R/B room/board owed from previous visits to SWRU

MED = Visits to medical

TRANS = transportation owed from previous visits

P2 = Pay to's submitted thru business office

DG = Dollar General/commissary

TRANSF Transfers to Other Institutions

SP. COURT Superior Court

TYPE OF DEPOSITS

M/O = money orders received outside of institution

B/R = booking and receivng

CK = checks

CASH

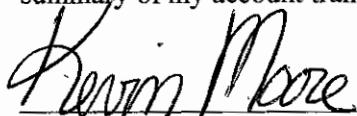
I / W = inmate wages

REQUEST FORM
FOR
INMATE ACCOUNT ACTIVITY STATEMENT

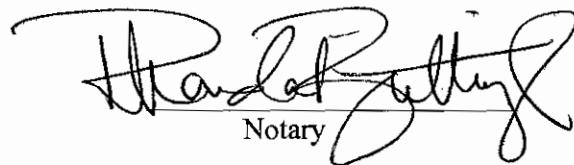
Inmate Name: Moore, Kevin T. SBI Number: 00202242
(Last) (First) (M.I.)

Housing Unit: SVOP Pod 2

In accordance with Bureau of Prisons Procedure 5.4 entitled "In Forma Pauperis", please provide a summary of my account transactions.



Inmate Signature



Notary

Inmate Account Activity Statement will be processed only after staff verifies your legal documents are complete.

Date received by business office: 12/5/04

INMATE ACCOUNT STATEMENT

TO: Inmate Name: Moore Kevin T.
(Last) (First) (M.I.)
SBI Number: 00202242
Housing Unit: SVOP 2

FR: Inmate Account Technician

DA:

RE: Summary Of Account

Attached is your account statement for the six month period of 21 Nov, 2006 through 6 Dec, 2006.

Utilizing the calculation formula described in BOP Procedure 5.4, your average daily balance for this period is \$ \$10.00.

Attachment

